# **NOX AFRICA STUDY**

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## Hypothesis:

#### A. Relationship Sleep Disorders (SD) & ADHD

- 1. ADHD suffer more from SD (OSAS, PLMs) than neurotypical children
- 2. SD in early children develops more risk of ADHD

#### B. H-PSG in ADHD

- 1. Feasibility
- 2. Quality
- 3. Caregiver's Satisfaction on H-PSG

### Methods:

#### **SAMPLE**

- Retrospective analysis
- N = 363 PSG -> 341 children (16 children duplicate PSG i 3 children triplicate)
  - Ages 2-17 yo
  - H-PSG: jan 2018 to jun 2021
  - Referred: NeuroPed, PsychoPed, Ped, ENTSurgeons

#### **DEPENDENT VARIABLES**

- 1. Feasibility (efficiency):
  - 1.1 % Failed studies
  - 1.2 % Epilepsy detection
- 2. Quality: > 5h hours of recording with adequate signal > 75%:
  - 2.1. SpO2Quality
  - 2.2. FlowQuality
  - 2.3. RIPQuality
  - 2.4. Global quality index
- 3. Satisfaction:
  - 3.1. Caregiver's Satisfaction VAS
  - 3.2. Children's Satisfaction VAS
  - 3.3. Caregiver's preference for hospital study VAS
- 4. PSG Parameters:
- 4.1. TST, Arousal index, Sleep efficiency, Sleep Latency, REM latency; awakenings

- 4.2. Sleep Stages: %R, %N1, %N2, %N3
- 5. SD\_Diagnosis:
  - 5.1. OSAS\_Mild, OSAS\_Mod, OSAS\_Sev
  - 5.2. PLMs > 5/h
  - 5.3. Combined (OSAS + PLMs)
  - 5.4. Normal

#### **DEMOGRAPHIC VARIABLES**

- 1. Age
- 2. Sex
- 3. Heigh
- 4. Weight
- 5. Main symptoms: Snoring, Nigh-time awakenings, Daytime fatigue, Leg jerks
  - 6. Referred physician

#### FACTOR/GRUPED VARIABLES

- 1. ADD
- 2. ADHD
- 3. Epilepsy
- 4. Learning disabilities
- 5. Combined ADD + ADHA
- 6. Neurotypical

#### **DESCRIPTIVE ANALYSIS**

- 1. Demographic table
- 2. Factor characteristics

#### INFERENTIAL ANALYSIS

1. Differences in Feasibility, Quality, Satisfaction and PSG-Parameters among factors

A one-way ANOVA with independent groups

- 2. Differences in SD among factors

  A one-way ANOVA with independent groups
- 3. Modified effect variables (age, gender?)
- 4. Associations between ADHA and SD *Chi-Square of association*

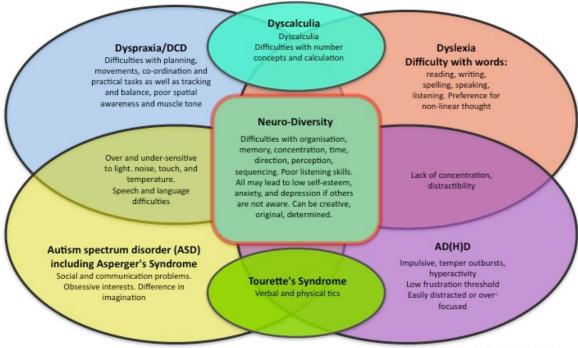
## **Limitations/ Comments:**

- Critical Definition of factors/groups
- Quality for PML signal?

- Sample: #PSG ≠ #Children (Children studied several times)
- Sampling: sample selection bias:
  - 1. population: 15% neurodiverse (85% neurotypical) vs sample of the study: ? NeuroKnowHow.com
    - ~8% of people in the UK are thought to have ADHD.
    - ~10% of people in the UK are thought to have dyslexia.
    - ~8% of people in the UK are thought to have dyspraxia.
    - ~6% of people in the UK are thought to have dyscalculia.
    - ~1% of people in the UK are thought to have an autistic spectrum condition.
    - ~1% of people in the UK are thought to have Tourette's syndrome.
  - 2. Gender differences population (3:1) vs sample
- Age of DX of neurodiverse condition (scholars ≥ 4yo to 17yo) vs age of the sample starting at 2yo subjects
- Reference PSG-Parameters and by age (<10yo vs > 10yo)

#### The Make-up of Neuro-Diversity

This is a document for discussion, concentrating mainly on the difficulties of those with neuro-diversity. It must however be pointed out that many such people are excellent at maths, co-ordination, reading etc. We are people of extremes.



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